Fitness-to-Drive Screening Measure Online

FTDS Version III
3/25/2013

A.1 Demographics of Rater

Instructions:

1. **Please answer all questions to the best of your ability.**
2. **In this section we are asking questions about you, the family member, friend or caregiver who is rating the driver.**
3. **Answer by checking the box or filling in the blank.**
4. **Do not use the back button of the browser, it will not return you to the previous set of questions.**

1. What is your birth year? _____

2. What is your gender?

- ☐ Male
- ☐ Female

3. What is your ethnicity? Do you consider yourself to be: (choose one)

Note: We are using these classifications as defined by the National Institutes of Health (NIH).

- ☐ **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- ☐ **Not Hispanic or Latino**

4. What is your race? Would you say you are: (choose one)

Note: We are using these classifications as defined by the National Institutes of Health (NIH).

- ☐ **American Indian / Alaska Native / First Nations / Aboriginal or Inuit**: having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.
- ☐ **Asian**: having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American**: having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander**: having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White**: having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ Other: please specify _____

5. What is your highest level of education?

- ☐ Did not go to school
- ☐ Completed Grade school (5th grade)
- ☐ Completed Middle school (8th grade)
- ☐ Completed High School/G.E.D. (12th grade)
- ☐ Completed Vocational Training
- ☐ Some College after High School Graduation
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Some Professional School after College Graduation
- ☐ Master's Degree
- ☐ Doctoral Degree

6. Do you have a driver's license? (choose one)

- ☐ No
- ☐ Yes

7. How many days a week do you typically drive? (choose one)

- ☐ Less than 1
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7

8. Do you live alone? (If "Yes" – Go to question # 10) (choose one)

- ☐ No
- ☐ Yes
- ☐ Mostly (for part of the year)

9. Who lives with you?

- ☐ Spouse or partner
- ☐ Child
- ☐ Family/Other relative
- ☐ Friend(s)
- ☐ Paid caregiver
- ☐ Other: please specify _____

10. What is your relationship with the driver you are rating? (choose one)
    - ☐ Spouse or partner
    - ☐ Child
    - ☐ Family/Other relative
    - ☐ Friend(s)
    - ☐ Paid caregiver
    - ☐ Other: please specify _____

11. Besides you, how many <u>other</u> licensed drivers are in your household? _____

12. Do you rely on the driver for any of the following trips or activities? (Choose all that apply)
    - ☐ Shopping
    - ☐ Grocery store
    - ☐ Social activities
    - ☐ See friends or family
    - ☐ Church
    - ☐ See doctor or get medical care
    - ☐ Work related activities
    - ☐ Do not rely
    - ☐ Other: please specify_____

13. How many days a week do you ride with the driver you are rating? (choose one)
    - ☐ Less than 1
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
    - ☐ 6
    - ☐ 7

14. If the driver you are rating reduced or stopped driving, would it significantly impact your current lifestyle?
    - ☐ No
    - ☐ Yes

15. If “Yes” to question 14, please explain:_____

_____

Fitness-to-Drive Screening Measure Online

A.2 Demographics of Driver

Instructions:

1. **Please answer all questions to the best of your ability.**
2. **In this section, we are asking questions about the driver you are rating.**
3. **Answer by checking the box or filling in the blank.**
4. **Do not use the back button of the browser, it will not return you to the previous set of questions.**

1. What is the driver's birth year? _____

2. What is the driver's gender?
   - ☐ Male
   - ☐ Female

3. What is the driver's ethnicity? Do you consider the driver to be: (choose one)

Note: We are using these classifications as defined by the National Institutes of Health (NIH).

- ☐ **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- ☐ **Not Hispanic or Latino**

4. What is the driver's race? (choose one)

Note: We are using these classifications as defined by the National Institutes of Health (NIH).

- ☐ **American Indian / Alaska Native / First Nations / Aboriginal or Inuit**: having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.
- ☐ **Asian**: having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American**: having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander**: having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White**: having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ Other: please specify _____

5. Does the driver live alone? (If "Yes" – Go to question #8) (choose one)

- ☐ No
- ☐ Yes
- ☐ Mostly (for part of the year)

6. Who lives with the driver?

- ☐ Spouse or partner
- ☐ Child
- ☐ Family/Other relative
- ☐ Friend(s)
- ☐ Paid caregiver
- ☐ Other: please specify _____

7. Besides the driver you are rating, how many <u>other</u> licensed drivers are in his/her household? _____

8. What is the driver's highest level of education? (choose one)
   - ☐ Did not go to school
   - ☐ Completed Grade school (5th grade)
   - ☐ Completed Middle school (8th grade)
   - ☐ Completed High School/G.E.D. (12th grade)
   - ☐ Completed Vocational Training
   - ☐ Some College after High School Graduation
   - ☐ Associate Degree
   - ☐ Bachelor's Degree
   - ☐ Some Professional School after College Graduation
   - ☐ Master's Degree
   - ☐ Doctoral Degree

9. Does the driver use any of the following assistive devices? (Choose all that apply)
   - ☐ Corrective lenses (such as eyeglasses or contacts)
   - ☐ Hearing device \ hearing aid
   - ☐ Mobility device (such as cane, walker, wheelchair)
   - ☐ Car devices (such as seat pad, pedal assist, spinner knob)
   - ☐ Other: please specify_____

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B. Driving History Profile of Driver

Instructions:

1. **Please answer all 31 questions to the best of your ability.**
2. **Answer by checking the box or filling in the blank.**
3. **Do not use the back button of the browser, it will not return you to the previous set of questions.**

1. How many days a week does the driver typically drive?

- ☐ Less than 1
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7

2. Who usually rides with the driver? (Check all that apply)

- ☐ Spouse / Partner
- ☐ Family / Other relative
- ☐ Friend(s)
- ☐ Paid caregiver
- ☐ No one
- ☐ Other: please specify_____

3. Has a health condition limited the driver's ability to drive? (choose one)

- ☐ No
- ☐ Yes

4. Has taking medications limited the driver's ability to drive (over the counter or prescribed)? (choose one)

- ☐ No
- ☐ Yes

5. Did the driver get any of the following tested in the last year? (Check all that apply)

- ☐ Vision
- ☐ Hearing
- ☐ Physical exam / checkup
- ☐ Other tests (list)_____

6. In the past year, did the driver complete, or have done, any of the following car maintenance? (choose all that apply)
   - ☐ Oil change
   - ☐ Checking tires
   - ☐ Checking fluid levels
   - ☐ Checking headlights, brake lights and parking lights
7. Does the driver avoid (when possible) any of these driving situations? (choose all that apply)
   - ☐ Rush hour/heavy traffic
   - ☐ Interstate/ highway driving
   - ☐ Rain
   - ☐ Night-time driving
   - ☐ Left hand turns against traffic
   - ☐ None
   - ☐ Other: please specify_____
8. Has the driver been involved in a crash in the past 3 years? (If you mark “No”, go to question #10) (choose one)
   - ☐ No
   - ☐ Yes
9. How many crashes was the driver involved in during the past 3 years (as a driver, not passenger)?
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ 4
   - ☐ 5 or more
10. How many moving violations, citations, or traffic tickets has the driver had in the past 3 years? (If you mark “0”, go to question #12) (choose one)
    - ☐ 0
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5 or more

11. What moving violations, citations, or traffic tickets did the driver receive in the past three years? (Check all that apply)

- ☐ Failure to yield
- ☐ Going too slowly
- ☐ Not obeying traffic lights
- ☐ Not obeying traffic signs (such as stop sign)
- ☐ Improper passing
- ☐ Improper turning
- ☐ Careless driving
- ☐ Reckless driving
- ☐ Driving under influence of drugs or alcohol (DUI/DWI)
- ☐ Speeding
- ☐ Tailgating
- ☐ Do not know
- ☐ Other: please specify_____

12. When did the driver last attend a driver education, training or retraining course? (If you mark "Never", go to question #14) (choose one)

- ☐ Within the past year
- ☐ 1 – 3 years ago
- ☐ More than 3 years ago
- ☐ Never
- ☐ Do not know

13. If they attended a driver education class, training, or re-training, what type was it? (choose all that apply)

- ☐ On-line class
- ☐ Classroom course for all drivers
- ☐ Classroom course for mature drivers
- ☐ Course with classroom and behind the wheel instruction
- ☐ Do not know
- ☐ Other: please specify_____

14. How does the driver keep up with changes in road rules or laws? (choose all that apply)

- ☐ Driving class
- ☐ Newspaper
- ☐ TV
- ☐ Driver's handbook
- ☐ Friends or family
- ☐ Computer
- ☐ Police or law enforcement
- ☐ Driver's license office (DMV)
- ☐ None of the above

- ☐ Do not know
- ☐ Other: please specify_____

15. Does the driver have difficulty opening the car door? (choose one)
    - ☐ No
    - ☐ Yes
16. Does the driver have difficulty getting into his or her car? (choose one)
    - ☐ No
    - ☐ Yes
17. Is it difficult for the driver to adjust the car mirrors appropriately? (choose one)
    - ☐ No
    - ☐ Yes
18. Does the driver have difficulty adjusting the driver's seat so he or she can see above the steering wheel? (choose one)
    - ☐ No
    - ☐ Yes
19. Is the driver able to reach the gas pedal (accelerator) and brake pedal? (choose one)
    - ☐ No
    - ☐ Yes
20. Does the driver remember to turn on the headlights before driving in the dark? (choose one)
    - ☐ No
    - ☐ Yes
21. Does the driver use their seatbelt? (choose one)
    - ☐ Always
    - ☐ Often
    - ☐ Sometimes
    - ☐ Rarely
    - ☐ Never
22. Can the driver press the gas pedal or the brake pedal when intended? (choose one)
    - ☐ No
    - ☐ Yes
23. Is it difficult for the driver to drive during daylight hours? (choose one)
    - ☐ No
    - ☐ Yes
24. Does the driver place the car in the correct gear (such as drive or reverse)? (choose one)
    - ☐ No
    - ☐ Yes
25. Does the driver have any difficulty turning the steering wheel? (choose one)
    - ☐ No

- ☐ Yes

26. Does the driver stop for pedestrians crossing the street? (choose one)
    - ☐ No
    - ☐ Yes
27. Is it difficult for the driver to drive in good weather? (choose one)
    - ☐ No
    - ☐ Yes
28. As the driver on a long trip, how frequently would the driver take breaks? (choose one)
    - ☐ Every 1 to 2 hours
    - ☐ Every 3 to 4 hours
    - ☐ Every 5 to 6 hours
    - ☐ Rarely or Never
29. Does the driver have trouble staying awake while driving? (choose one)
    - ☐ No
    - ☐ Yes
30. Does the driver use alternative transportation (such as taking a bus or taxi)? (choose one)
    - ☐ Always
    - ☐ Often
    - ☐ Sometimes
    - ☐ Rarely
    - ☐ Never
31. Do you think the driver would consider alternative transportation if it were available? (choose one)
    - ☐ No
    - ☐ Yes

FTDS Version III
3/25/2013

Fitness-to-Drive Screening Measure Online

C: Fitness-to-Drive Screening Measure

Instructions:

1. Please answer all 54 questions to the best of your ability.
2. From your observations of the driver over the **past three months**, rate the amount of difficulty for each skill. If you have not observed the driver for a skill, use your best judgment to rate the difficulty the driver would have using one of the following answers:

   Very Difficult - doing it is a major challenge
   Somewhat Difficult – doing it is a moderate challenge
   A Little Difficult- doing it is a minor challenge
   Not Difficult- can do it with ease

3. For each question, please select your answer by clicking on the text or circle.
4. Do not use the back button of the browser, it will not return you to the previous set of questions.

Note the example below:

FOR THE PERSON YOU ARE RATING, BASED ON THE LAST 3 MONTHS, HOW DIFFICULT IS IT FOR HIM OR HER TO…

A. Start the car?

- o **Very Difficult**
- o **Somewhat Difficult**
- o **A Little Difficult**
- o **Not Difficult**

FOR THE PERSON YOU ARE RATING, BASED ON THE LAST 3 MONTHS, HOW DIFFICULT IS IT FOR HIM OR HER TO…

1. Stay in the proper lane? (choose one)
   - o Very Difficult
   - o Somewhat Difficult
   - o A Little Difficult
   - o Not Difficult

2. Check for a clear path when backing out from a driveway or parking space? (choose one)
   - o Very Difficult
   - o Somewhat Difficult
   - o A Little Difficult
   - o Not Difficult

3. Use the car controls (such as the turn signals, windshield wipers, emergency brake, or headlights)? (choose one)
   - o Very Difficult
   - o Somewhat Difficult
   - o A Little Difficult
   - o Not Difficult

4. Check car mirrors when changing lanes? (choose one)
   - o Very Difficult
   - o Somewhat Difficult
   - o A Little Difficult
   - o Not Difficult

5. Read road signs far enough in advance to react (such as make a turn)? (choose one)
   - o Very Difficult
   - o Somewhat Difficult
   - o A Little Difficult
   - o Not Difficult

6. Obey varied forms of traffic lights (such as green arrow for turn lane or flashing lights)? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

7. Drive and hold a conversation with one or more passengers? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

8. Drive with a passenger who is providing driving directions or assistance? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

9. Drive in light rain? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

10. Drive on a highway with two or more lanes in each direction? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

11. Keep up with the flow of traffic? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

12. Keep distance from other vehicles when changing lanes? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

13. Change lanes in moderate traffic? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

14. Drive cautiously (to avoid collisions) in situations when others are driving erratically (such as speeding, road rage, crossing lane lines or driving distracted)? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

15. Brake at a stop sign so car stops completely before the marked line? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

16. Maintain lane when turning (not cut corner or go wide)? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

17. Back out of parking spots? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

18. Enter the flow of traffic when turning right? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

19. Share the road with vulnerable road users such as bicyclists, scooter drivers, motorcyclists? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

20. Drive on graded (unpaved) road? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

21. Check blind spots before changing lanes? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

22. Drive with surrounding tractor trailers (transport trucks)? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

23. Merge onto a highway? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

24. Use a paper map while driving? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

25. Make a left hand turn crossing multiple lanes and entering traffic (with no lights or stop signs)? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

26. Parallel park? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

27. Stay within the lane markings unless making a lane change? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

28. Stay within proper lane in the absence of road features such as clearly marked lane lines, reflectors or rumble strips? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

29. Keep distance between his or her car and others (allow time to react to hazards)? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

30. Look left and right before crossing an intersection? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

31. Drive in a construction zone? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

32. Drive in dense traffic (such as rush hour)? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

33. Pass (overtake) a car in the absence of a passing lane? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

34. Pass (overtake) a larger vehicle such as a RV, tractor-trailer (transport truck), or dump truck in the absence of a passing lane? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

35. Drive in an unfamiliar urban area? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

36. Control his or her car when going down a steep hill? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

37. Exit an expressway, or inter-state from a left-hand lane? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

38. Drive in a highly complex situation (such as a large city with high-speed traffic, multiple highway interchanges and several signs)? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

39. Control the car (brake hard or swerve) to avoid collisions? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

40. Drive a different car (such as another person's car or a rental car)? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

41. Alter his or her driving in response to changes in health (such as vision, reaction time, fatigue, thinking, joint stiffness, medications)? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

42. Drive when upset (anxious, worried, sad or angry)? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

43. Stay focused on driving when there are distractions (such as radio, eating, drinking, pet in the car)? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

44. Drive in an unfamiliar area? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

45. Drive at night? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

46. Avoid dangerous situations (such as car door opening, car pulling out, road debris, or an animal darting in front of car)? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

47. Drive when there is fog? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

48. Drive at night on a dark road with faded or absent lane lines? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

49. Drive when there is glare or the sun is in his or her eyes? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

50. Turn left across multiple lanes when there is no traffic light? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

51. Drive in a thunderstorm with heavy rains and wind? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

52. Control his or her car on a wet road? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

53. Drive on a snow covered road? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

54. Drive on an icy road? (choose one)
    - o Very Difficult
    - o Somewhat Difficult
    - o A Little Difficult
    - o Not Difficult

Fitness-to-Drive Screening Measure Online

Also see

Recommendations

Keyform Results

Select parameters, then click **Update** to build Keyform output.

Items: caregiver_20120522_n200 Sessions: 1870 (00:08:55) [2013-04-16 18:41:01]
Clustering: hard to easy rounded average (5) Show Responses: All Update

Total Items: **50**

Outfit (mean-squared)): **0.72**

Outfit (Z-score)): **-1.54**

Infit (mean-squared)): **0.67**

Infit (Z-score)): **-1.88**

Person Measure: **52.88** out of 100 *(0.65 logits)*

Rating Scale	Item Description
0 10 20 30 40 50 60 70 80 90 100	
|-----+-----+-----+-----+-----+- | ---+-----+-----+-----+-----|	
1 2 3 4	54 Drive on an icy road?

1 | 2 3 4	24 Use a paper map while driving?
1 | 2 3 4	51 Drive in a thunderstorm with heavy rains and wind?
1 | 2 3 4	49 Drive when there is glare or the sun is in his or her eyes?
1 | 2 3 4	53 Drive on a snow covered road?
1 | 2 3 4	35 Drive in an unfamiliar urban area?
1 | 2 3 4	44 Drive in an unfamiliar area?
1 | 2 3 4	45 Drive at night?
1 | 2 3 4	47 Drive when there is fog?
1 2 | 3 4	34 Pass (overtake) a larger vehicle such as a RV, tractor-trailer (transport truck), or dump truck in the absence of a passing lane?
1 | 2 3 4	42 Drive when upset (anxious, worried, sad or angry)?
1 2 | 3 4	50 Turn left across multiple lanes when there is no traffic light?
1 2 | 3 4	43 Stay focused on driving when there are distractions (such as radio, eating, drinking, pet in the car)?
1 2 | 3 4	41 Alter his or her driving in response to changes in health (such as vision, reaction time, fatigue, thinking, joint stiffness, medications)?
1 2 | 3 4	40 Drive a different car (such as another person's car or a rental car)?
1 2 | 3 4	25 Make a left hand turn crossing multiple lanes and entering traffic (with no lights or stop signs)?
1 2 | 3 4	46 Avoid dangerous situations (such as car door opening, car pulling out, road debris, or an animal darting in front of car)?

1 2 **3** 4	33 Pass (overtake) a car in the absence of a passing lane?
1 2 **3** 4	37 Exit an expressway, or inter-state from a left-hand lane?
1 **2** 3 4	32 Drive in dense traffic (such as rush hour)?
1 **2** 3 4	7 Drive and hold a conversation with one or more passengers?
1 2 **3** 4	39 Control the car (brake hard or swerve) to avoid collisions?
1 2 **3** 4	8 Drive with a passenger who is providing driving directions or assistance?
1 **2** 3 4	22 Drive with surrounding tractor trailers (transport trucks)?
1 2 **3** 4	21 Check blind spots before changing lanes?
1 **2** 3 4	52 Control his or her car on a wet road?
1 2 **3** 4	5 Read road signs far enough in advance to react (such as make a turn)?
1 2 **3** 4	17 Back out of parking spots?
1 2 3 **4**	16 Maintain lane when turning (not cut corner or go wide)?
1 2 3 **4**	13 Change lanes in moderate traffic?
1 2 3 **4**	23 Merge onto a highway?
1 2 **3** 4	28 Stay within proper lane in the absence of road features such as clearly marked lane lines, reflectors or rumble strips?
1 2 3 **4**	29 Keep distance between his or her car and others (allow time to react to hazards)?
1 **2** 3 4	31 Drive in a construction zone?

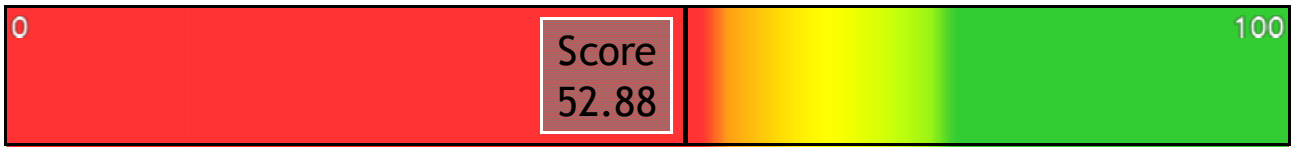
1 2 **3** | 4	11 Keep up with the flow of traffic?
1 2 3 | **4**	36 Control his or her car when going down a steep hill?
1 2 **3** | 4	2 Check for a clear path when backing out from a driveway or parking space?
1 2 3 | **4**	15 Brake at a stop sign so car stops completely before the marked line?
1 2 3 | **4**	4 Check car mirrors when changing lanes?
1 2 3 | **4**	19 Share the road with vulnerable road users such as bicyclists, scooter drivers, motorcyclists?
1 2 **3** | 4	10 Drive on a highway with two or more lanes in each direction?
1 2 3 | **4**	1 Stay in the proper lane?
1 2 3 | **4**	12 Keep distance from other vehicles when changing lanes?
1 2 **3** | 4	14 Drive cautiously (to avoid collisions) in situations when others are driving erratically (such as speeding, road rage, crossing lane lines or driving distracted)?
1 2 3 | **4**	3 Use the car controls (such as the turn signals, emergency brake, windshield wipers, or headlights)?
1 2 3 | **4**	27 Stay within the lane markings unless making a lane change?
1 2 3 | **4**	18 Enter the flow of traffic when turning right?
1 2 3 | **4**	20 Drive on graded (unpaved) road?
1 2 3 **4** |	6 Obey varied forms of traffic lights (such as green arrow for turn lane or flashing lights)?
1 2 **3** 4 |	30 Look left and right before crossing an intersection?

Fitness-to-Drive Screening Measure Online

Recommendations

Also see

Keyform Results



At-Risk Driver

Overall rating: Based on your rating, the driver is classified within the "At-Risk Driver" Group, which means that although the driver can perform some basic driving skills, there are safety concerns that need immediate attention. The driving skills causing concern are:

1. Drive in an unfamiliar area?
2. Drive when upset (anxious, worried, sad or angry)?
3. Drive in dense traffic (such as rush hour)?

Specific Recommendations: We recommend the driver see a doctor for a physical exam as soon as possible, and not drive until he/she is able to undergo a comprehensive driving evaluation conducted by a Certified Driving Rehabilitation Specialist. Information on the use and access to alternative transportation (other than the personal automobile) may be available from the local Area Agency on Aging or contact the Eldercare Locator at 800-677-1116.

General Recommendations: Based on guidelines of The American Geriatrics Society, we recommend an eye exam annually, or earlier if there are changes in health or vision.

For further details on driving or community mobility, click on the links below:

Resources:

AAA Resources for Mature Drivers

- *American Automobile Association (AAA)*

http://seniordriving.aaa.com/

AARP Driver Safety

- *AARP*
  http://www.aarp.org/drive

Certified Driving Rehabilitation Specialists/ Occupational Therapists providing the Comprehensive Driving Evaluations

- *American Occupational Therapy Association*
  http://www.aota.org/Older-Driver/Specialists.aspx

Information and free resources to help you become more familiar with transportation resources and services available in your community.

- *National Center on Senior Transportation*
  http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_older

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Publications for Fitness-to-Drive Screening Measure (formerly known as the Safe Driving Behavior Measure)

1. **Classen, S**., Wang, Y., Velozo, C., Bédard, M., Winter, S.M., & Lanford, D.N. (2013). Concurrent Criterion Validity of the Safe Driving Behavior Measure: A Predictor of On-Road Driving Outcomes. *American Journal of Occupational Therapy, 67* (1), 108-116. DOI: 10.5014/ajot.2013.005116 http://ajot.aotapress.net/content/67/1/108.full.pdf+html

2. **Classen, S**., Wen, P., Velozo, C., Bédard, M., Winter, S.M., Brumback, B., Lanford, D.N. (2012). Psychometrics of the Self-Reported Safe Driving Behavior Measure for Older Adults. *American Journal of Occupational Therapy, 66*(2), 233-241. DOI: 10.5014/ajot.2012.001834 http://ajot.aotapress.net/content/66/2/233.full.pdf+html

3. **Classen, S**., Wen, P., Velozo, C., Bédard, M., Brumback, B., Winter, S.M., & Lanford, D.N. (2012).Rater Reliability and Rater Effects of the Safe Driving Behavior Measure. (2011). *American Journal of Occupational Therapy,* 16, 69-77. DOI: 10.5014/ajot.2012.002261 http://ajot.aotapress.net/content/66/1/69.full.pdf+html

4. Winter, S. M., **Classen, S.**, Bédard, M., Lutz, B., Velozo, C. A., Lanford, D. N., & Brumback, B. Focus Group Findings for a Self-report Safe Driving Behavior Measure. (2011). *Canadian Journal of Occupational Therapy, 78*(2), 72-79. DOI: 10.2182/cjot.2011.78.2.2 http://cjo.sagepub.com/content/78/2/72.abstract

5. **Classen, S.**, Winter, S.M., Velozo, C., Bédard, M., Lanford, D.N., & Brumback, B., Lutz, B. Item Development and Validity Testing for a Safe Driving Behavior Measure. (2010). *American Journal of Occupational Therapy, 64* (2), 296-305. DOI: 10.5014/ajot.64.2.296 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2921635/pdf/nihms-215506.pdf

Fitness-to-Drive Screening Measure / Additional links

Fitness-to-Drive Screening Measure http://ftds.phhp.ufl.edu

AOTA http://www.aota.org/Driving/Professionals/Get-Started/Screening-Self-Assessment/FTDS.aspx

Fitness-to-Drive Video and Press Release UF&Shands News https://m.ufandshands.org/news/2013/uf-develops-online-screening-tool-help-caregivers-identify-risk-older-drivers